



PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐

Declaration
Submitted
with Initial
Filing

OR

☒

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

First Named Inventor

COMPLETE IF KNOWN

Application Number

10/814,646

Filing Date

4/01/2004

Art Unit

1614

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR DETERMINING MUCOSAL NEUTROPHIL COUNTS IN
NEUTROPENIA PATIENTS

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

April 1, 2004

as United States Application Number or PCT International

Application Number

10/814,646

and was amended on (MM/DD/YYYY)

N/A

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

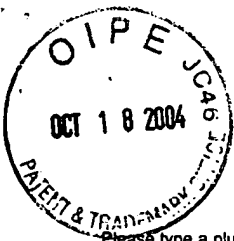
[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label <input style="width: 150px;" type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name MARY HELEN SEARS					
Address M.H. Sears Law Firm, Chtd. 910 Seventeenth Street, N.W., Suite #800					
City Washington		State D.C.		ZIP 20006	
Country U.S.A.		Telephone (202) 463-3892		Fax (202) 463-4852	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) DANIEL G.			Family Name or Surname WRIGHT		
Inventor's Signature <i>Daniel G. Wright MD</i>				Date 7.8.04	
Residence: City 2 SWALLOW CAVE RD.		State MA		Country Essex Citizenship USA	
Mailing Address c/o BINAX, INC., 207 Read Street					
City Portland		State Maine		ZIP 04103 Country U.S.A.	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) WILLIAM J.			Family Name or Surname PALIN		
Inventor's Signature <i>William J. Palin</i>				Date 6/29/2004	
Residence: City CAPE ELIZABETH		State MAINE		Country CUMBERLAND Citizenship U.S.A.	
Mailing Address 32 OLD FORT RD. c/o BINAX, INC., 207 Read Street					
City Portland		State Maine		ZIP 04103 Country U.S.A.	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
TURNER		NATHAN	
Inventor's Signature <i>NA S</i>		Date 6/29/04	
Residence: City	Portland	State	Maine
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Citizenship	U.S.A.		
Mailing Address 197 Pleasant Avenue, Apt #5			
Mailing Address c/o BINAX, INC., 207 Read Street			
City	Portland	State	Maine
ZIP	04103	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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